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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No.	END-5008CIP
(only for new nonprovisional applications under 37 CFR 1.53(b))		First Inventor: <b>Mik Cr pper et al.</b> Title: <b>IMPROVED CONICAL TROCAR SEAL</b>	
		I hereby certify that this correspondence is being deposited today with the United States Postal Service as Express Mail – Post Office to Addressee in an envelope addressed to: Assistant Commissioner for Patents, Box-Patent Application, Washington, DC 20231.	
		Name: <u>Kimberly M. Moses</u> Date: <u>10-15-03</u>	
Express Mail Label No.		EU528711755US	
APPLICATION ELEMENTS See MPEP Chapter 600 concerning utility patent application contents.		ADDRESS TO: U.S. Patent and Trademark Office 2011 South Clark Place Customer Window, Mail Stop Patent Applications Alexandria, VA 22313-1450	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 16] (Preferred arrangement set forth below)</p> <ul style="list-style-type: none"><li>- Descriptive Title of the Invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R&amp;D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 7]</p> <p>5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 3]</p> <p>a. <input checked="" type="checkbox"/> Newly Un-executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)</p> <p>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. <input type="checkbox"/> Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> Paper</p> <p>c. <input type="checkbox"/> Statement verifying identity of above copies</p> <p><b>ACCOMPANYING APPLICATION PARTS</b></p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input checked="" type="checkbox"/> Application Cover Sheet w/Express Mail Certification</p>	
<p>18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: <u>60/456,386</u> filed <u>March 212003</u>.</p> <p>Prior application information: Examiner _____ Group Art Unit: _____</p> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>			
<p>19. <b>CORRESPONDENCE ADDRESS</b></p> <p><input checked="" type="checkbox"/> Customer Number or Bar Code Label <u>000027777</u> or <input checked="" type="checkbox"/> Correspondence Address below</p> <p>Name: <u>Philip S. Johnson, Esq.</u></p> <p>Address: <u>Johnson &amp; Johnson, One Johnson &amp; Johnson Plaza</u> <u>New Brunswick, NJ 08933-7003 USA</u></p>			
<p>20. <b>TELEPHONE CONTACT:</b> <u>Dean L. Garner, Esq.</u></p> <p>Please direct all telephone calls or faxes to: Telephone: (513) 337-8559 Fax: (513) 337-8489</p>			
<p>21. <b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED</b></p>			
NAME		Reg. No. 35,877	
<u>Dean L. Garner, Esq.</u>		<u>[Signature]</u>	
		Date: October 15, 2003	

22388 U.S. PTO  
10/687502



101503

<b>FEE TRANSMITTAL</b>	<i>Complete if Known</i>	
	Application Number	
	Filing Date	<b>October 15, 2003</b>
	First Named Inventor	<b>Mik Cropper et al.</b>
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	<b>END-5008CIP</b>

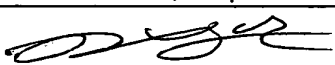
### FEE CALCULATION

#### CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE
				\$ 770.00
TOTAL CLAIMS	20 - 24	4	x 18.00	\$ 72.00
INDEPENDENT CLAIMS	3 - 3	0	x 84.00	\$ 00.00
MULTIPLE DEPENDENT CLAIMS	0 - =	N/A	X 280.00	
			TOTAL FEES	\$842.00

### METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750END-5008CIP/DLG in the amount of \$842.00
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750END-5008CIP/DLG. **This form is submitted with one original and two copies.**

<b>SUBMITTED BY:</b>		<i>Complete (if applicable)</i>
Typed or Printed Name	Dean L. Garner, Esq.	<b>Reg. No. 35,877</b>
Signature		<b>Deposit Account No. 10-0750</b>
	Date: October 15, 2003	